ORAL ROBERTS UNIVERSITY

7777 S. Lewis Ave., Tulsa, OK. 74171

ORU Vendor/Supplier Registration Form 918-495-7549/753 918-495-7907 Fax

E-mail form: rjohnson@oru.edu or mcrosby@oru.edu

Company/Individual Name on IRS Record	Phone	Fax
Company marriada Name on the necora	THORE	
Company DBA name - Payments will be made to this name	Phone	Fax
Contact Name	Phone	Fax
(PR/PO) Primary Business Address.Purchase Order Information	Phone	Fax
Physical Street, City, State, 9-Digit Zipcode	E-Mail Address	
	<u> </u>	
Contact Name	Title	
Remit to Information (if different from above). Mailing address for checks.	Phone	Fax
	<u> </u>	
PO Box or Street, City, State, OK 9-Digit Zipcode	E-mail Address	
	i	
Contact Name	Title	
	<u></u>	
Parent Company Name and address		
Relationship Disclosure (Please check all that apply):		
Are you or any Officer, Owner or Partner in this company an employee of Oral Roberts University? Yes NO		
Is a direct family member of any of the above employee of Oral Roberts University?YesNO		
Are you an Alumni of Oral Roberts University? YesNO		
Substitute IRS Form W-9 Certification		
Part I: Taxpayer Identification Number (TIN)	<u> </u>	
	Social Security Mumber	Employee Identification Number
Enter your TIN in the appropriate box. For Individuals enter your	Social Security Number	
Social Security Number (SSN). For other entities, it is your employer		Employee Identification Number
		Employee Identification Number
identification Number (EIN).		Employee identification Number
identification Number (EIN). IRS Business Classification (Must Check One)		
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